

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Phy</i>	<i>6764</i>	<i>3/18/00</i>
O.I.P.E. CLASSIFIER		<i>71</i>	<i>3/10</i>
FORMALITY REVIEW	<i>Def</i>	<i>88512</i>	<i>5/14/2000</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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